

**VIRGINIA DEPARTMENT OF HEALTH  
RADIOLOGICAL HEALTH**

P.O. Box 2448  
Richmond, VA 23218  
(804) 786-5932

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE (continued)**

9. Experience with radiation (Actual use of radioisotopes or equivalent experience)					
Isotope	Max. Amount	Where experience was gained	Duration of experience	Type of use	
10. Radiation detection instruments (use supplemental sheets if necessary)					
Type of instruments (include make and model)	Number available	Radiation detected	Sensitivity range (mR/hr)	Window thickness (mg/cm <sup>2</sup> )	Use (monitoring, surveying, measuring)
11. Method, frequency, and standards used in calibrating instruments listed above.					
12. Film badges, dosimeters, and bio-assay procedures used (for film badges, specify method of calibrating and processing, or name of supplier)					

**INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS**

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13. Facilities and equipment. Describe laboratory facilities and remote handling equipment, storage containers, shielding, fume Hoods, etc. Attach explanatory sketch of facility.
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14. Radiation protection program. Describe the radiation protection program including control measures. If application covers sealed sources, submit leak testing procedures and, where applicable, name, training, and experience of person to perform leak tests, and arrangements for performing initial radiation survey, servicing, maintenance and repair.
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15. Waste disposal. If commercial waste disposal is employed, specify name of company. Otherwise, submit detailed description of methods which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved.
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**CERTIFICATE (this item must be completed by applicant)**

16. The applicant and any official executing this certificate on behalf of the applicant named in item 1, certify that this Application is prepared in conformity with the Va. Radiation Protection Regulations and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant named in item 1

\_\_\_\_\_  
Title of certifying official

By: \_\_\_\_\_